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**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly make-up with any corrections or use Block 1)

Kevin E. Noonan  
McDonnell Boehnen Hulbert & Berghoff  
300 South Wacker Drive  
Chicago, IL 60606

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### Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Gwen M. Benoy

(Depositor's name)

*Gwen Benoy*  
(Signature)

April 20, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/379,763	08/24/99	066	GETZOW, S	3762 01/23/01
First Named Applicant: BESSON,	35 USC 154(b) term ext. = 0 Days.			

**TITLE OF INVENTION:** WIRELESS MEDICAL DIAGNOSIS AND MONITORING EQUIPMENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 BESSON-ET-AL	600-509.000	A99	UTILITY	NO	\$1240.000	04/23/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OIA, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. McDonnell Boehnen Hulbert & Berghoff

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under serial cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Motorola, Inc.

(B) RESIDENCE (CITY & STATE OR COUNTRY) Schaumburg, IL

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4/20/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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04/24/2001 AG010N1 00000164 09379763

01 FC:142

02 FC:561